

CONFIDENTIAL REFERENCE REPORT (Page 1 of 3)

APPLICANT: Please complete this portion and fill in YOUR name at top of the confidential reference report pages before presenting to your reference.

Applicant Name:

Address:

City:

State:

Zip Code:

Phone:

Email:

REFERENCE: The above-named applicant has listed you as a reference. We ask your cooperation in responding as soon as possible.

All replies will be held in strict confidence. **Please note that the completed form is not to be returned to the applicant but to the below address.** Please keep a copy of your completed form and any accompanying letter you send. Please send to the following address by **September 10, 2018:**

**John Spertus, MD;
Cardiovascular Outcomes Research Fellowship Program Director
c/o Jeanette Wheeler
4401 Wornall Road
Kansas City, MO 64111**

This signed report may also be scanned and emailed to: jwheeler@saint-lukes.org

- 1. In the space below, please indicate the period of time you have known the applicant and in what capacity.**



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Applicant's Name:

2. Please rate the applicant by circling the appropriate number which most nearly represents your opinion of the applicant compared with a representative group of individuals you have known who have had approximately the same training and experience.

	Unable to judge	Below average (lowest 25%)	Average (26% - 75%)	Excellent (76% - 90%)	Outstanding (highest 10%)
Motivation	U	1	2	3	4
Industry/perseverance	U	1	2	3	4
Initiative	U	1	2	3	4
Ability to meet deadlines	U	1	2	3	4
Maturity	U	1	2	3	4
Interpersonal facility with peers	U	1	2	3	4
Demonstrated research skill	U	1	2	3	4
Potential research skill	U	1	2	3	4
Integrity	U	1	2	3	4
Judgment/critical sense	U	1	2	3	4
Intellectual ability	U	1	2	3	4
Ability to Communicate (written)	U	1	2	3	4
Ability to Communicate (spoken)	U	1	2	3	4
Overall evaluation	U	1	2	3	4

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Applicant's Name:

3. Please elaborate on the applicant's performance on the basis of which you arrived at your assessments in the previous section. If possible, cite some specific illustration of the applicant's performance. You may instead attach a letter if you wish.

Signature

Printed Name

Date

Title

Institution

Phone Number

Thank you for taking the time to provide your assessment of the applicant.

Do NOT return this completed form to the applicant. Please send directly to the address/email on the first page of the Confidential Reference Report, keeping a copy for your records. DUE SEPTEMBER 10, 2018.
